

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW MEXICO

Case number (if known) _____ Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>Sacred Power, LLC a New Mexico Limited Liability Company</u>	
<hr/>		
2. All other names debtor used in the last 8 years <small>Include any assumed names, trade names and doing business as names</small>		
<hr/>		
3. Debtor's federal Employer Identification Number (EIN)	<u>85-0477751</u>	
<hr/>		
4. Debtor's address	Principal place of business <u>1501 12th Street NW</u> <u>Albuquerque, NM 87104</u> <small>Number, Street, City, State & ZIP Code</small> <u>Bernalillo</u> <small>County</small>	Mailing address, if different from principal place of business _____ <small>P.O. Box, Number, Street, City, State & ZIP Code</small> Location of principal assets, if different from principal place of business _____ <small>Number, Street, City, State & ZIP Code</small>
<hr/>		
5. Debtor's website (URL)	_____	
<hr/>		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	
<hr/>		

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☐ 50-99

☐ 100-199

☒ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☒ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 7, 2017**
MM / DD / YYYY

X /s/ Michael Candelaria

Signature of authorized representative of debtor

Michael Candelaria

Printed name

Title

18. Signature of attorney

X /s/ Don F. Harris

Signature of attorney for debtor

Date **December 7, 2017**

MM / DD / YYYY

Don F. Harris

Printed name

NM Financial Law, P.C.

Firm name

**320 Gold Avenue SW, Suite 610
Albuquerque, NM 87102-3299**

Number, Street, City, State & ZIP Code

Contact phone **505-503-1637**

Email address **nmfl@nmfinanciallaw.com**

7186

Bar number and State

Fill in this information to identify the case:

Debtor name Sacred Power, LLC a New Mexico Limited Liability Company

United States Bankruptcy Court for the: DISTRICT OF NEW MEXICO

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 7, 2017

X /s/ Michael Candelaria

Signature of individual signing on behalf of debtor

Michael Candelaria

Printed name

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Sacred Power, LLC a New Mexico Limited Liability Company**

United States Bankruptcy Court for the: **DISTRICT OF NEW MEXICO**

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204
Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders
12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Allied Insurance P. O. Box 514540 Los Angeles, CA 90051-4540		Vendor/Service Provider				\$9,557.74
Bank of the West 6600 Central Avenue, SW Albuquerque, NM 87121		Credit Card	Contingent			\$51,564.78
Bank of the West 6600 Central Avenue, SW Albuquerque, NM 87121		Line of Credit	Unliquidated	\$398,141.53	\$0.00	\$398,141.53
Benze Technical Consultants LLC 10809 Richfield Avenue NE Albuquerque, NM 87122		Vendor/Service Provider				\$8,521.25
ChargePoint, Inc. DEPT LA 24104 Pasadena, CA 91185-4104		Vendor/Service Provider				\$4,389.00
Chase Southwest CC - 8095 P. O. Box 15153 Wilmington, DE 19886-5153		Credit Card	Contingent Unliquidated			\$10,312.84
Conan Construction, Inc. 1440 Collidge National City, CA 91950		Vendor/Service Provider				\$7,520.36
G2 ProjectFusion PO Box 2835 Corrales, NM 87048		Vendor/Service Provider				\$6,485.84

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346		Employment Tax	Contingent Unliquidated			\$427,286.35
Isleta Business Corporation 3950 ST RD 47 SW Albuquerque, NM 87105		Notes Payable	Contingent			\$630,000.00
Isleta Business Corporation 3950 ST RD 47 SW Albuquerque, NM 87105		AP Expenses	Contingent			\$228,208.55
Isleta Business Corporation 3950 ST RD 47 SW Albuquerque, NM 87105		LOC LMA	Contingent			\$113,000.00
JLM Advanced Technical Services Inc. 2111N Sandra Street Suite B Appleton, WI 54911		Vendor/Service Provider				\$3,520.00
Lowes PO Box 530914 Atlanta, GA 30353-0914		Charge Account	Unliquidated			\$6,744.68
Nationwide Mutual PO Box 514540 Los Angeles, CA 90051-4540		Insurance Carrier	Contingent			\$27,462.02
Pattison Pension Specialists, Inc 3150 Carlisle #211 Albuquerque, NM 87110		Vendor/Service Provider	Unliquidated			\$2,946.42
Peacock Myers P.C. P.O. Box 26927 Albuquerque, NM 87125-6927		Attorney Fees				\$7,712.20
Rosebud Rental 126 N Adams St Mission, SD 57555		Vendor/Service Provider				\$3,621.80
United Rentals PO BOX 84 0514 DALLAS, TX 75284-0514		Vendor/Service Provider				\$8,505.62

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Workforce Solutions Department PO Box 1928 Albuquerque, NM 87103		Unemployment Wage Contributions	Contingent Unliquidated			\$137,814.84

Fill in this information to identify the case:Debtor name **Sacred Power, LLC a New Mexico Limited Liability Company**United States Bankruptcy Court for the: **DISTRICT OF NEW MEXICO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 369,795.71
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 369,795.71

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 398,141.53
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 565,712.19
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 1,244,623.35
4. Total liabilities Lines 2 + 3a + 3b	\$ 2,208,477.07

Fill in this information to identify the case:Debtor name **Sacred Power, LLC a New Mexico Limited Liability Company**United States Bankruptcy Court for the: **DISTRICT OF NEW MEXICO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand****\$0.00****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**
Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number3.1. **Bank of the West****Business Checking****4808****\$0.00**3.2. **Bank of the West****Payroll****4857****\$0.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits
Description, including name of holder of deposit7.1. **Retainer - Craig Dill & Associates****\$5,000.00**

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (If known)

7.2. **Retainer - NM Financial Law, P.C.**

\$20,000.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

9. **Total of Part 2.**

\$25,000.00

Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 243,495.71 - 0.00 = **\$243,495.71**
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

\$243,495.71

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress Stacks of unfinished solar panels		\$0.00		Unknown

21. **Finished goods, including goods held for resale**

22. **Other inventory or supplies**

23. **Total of Part 5.**

\$0.00

Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**

☒ No

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name _____

Case number (If known) _____

☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☒ No

☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

☒ No. Go to Part 7.

☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

☐ No. Go to Part 8.

☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Furniture	\$0.00		\$6,000.00
40.	Office fixtures Fixtures	\$0.00		\$1,000.00
41.	Office equipment, including all computer equipment and communication systems equipment and software Equipment	\$0.00		\$2,000.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$9,000.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No

☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
 Name _____

Case number (If known) _____

■ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)			
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. 2007 Ford F150 VIN# 1FTRF12W17KC19254	\$0.00		\$2,400.00
47.2. 2003 Chevy C4500 VIN# 1GBE4E1E13F511773	\$0.00		\$4,700.00
47.3. 2006 Ford E350 VIN# 1FDSE35L16DB32809	\$0.00		\$4,800.00
47.4. 2010 Chevy 2500 VIN# 1GC4KVBGXAF124195	\$0.00		\$10,500.00
47.5. 2007 Chevrolet 2500 VIN# 1GCHC23K37F556586 07/2015-Airbag recall GM notice #15438 *** 03/2017-Airbag Recall GM Notice changed to #15817 -parts avail to schedule replacement---06.09.17 Notice to replace air bag inflator	\$0.00		\$5,900.00
47.6. 2010 Ford F350 Crewcab VIN# 1FTWW3CR8AEB30763	\$0.00		\$19,000.00
47.7. 2001 Lone Utility Trailer VIN# 1L9CS14201V199316	\$0.00		\$1,500.00
47.8. 2007 Car 82 x 12 Utility Tilt Trailer VIN# 5VNBU18287T059566	\$0.00		\$1,500.00
47.9. 2001 BDA Utility Trailer VIN# 1B9FU1820Y1076672	\$0.00		\$1,500.00
47.10 2011 Road Gooseneck UT Trailer VIN# 5Z0GN4027BP002164	\$0.00		\$2,500.00
47.11 2005 Econoline Gooseneck Tilt Trailer VIN# 42ETGBR4551000529	\$0.00		\$2,500.00
47.12 Komat'su Forklift: Model FG25T-14 Serial# 591299A, Attachment Model LET50-PT-188L70, 42 Forks	\$0.00		\$4,000.00

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company	Case number (If known)
	Name	
47.13	Komat'su Forklift: Model FG25T-12 Serial# 503552A, Attachments: S/S	\$0.00
		\$2,500.00

- 48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*
- 49. **Aircraft and accessories**
- 50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number *(If known)*

Quantity Tool Description

3 Speed squares
3 Caulk gun (red)
1 Hand rivet gun
1 300' fiber glass measuring tape
1 Trumeter 5605E mini-measure revolution
1 K05-IGL greenlee cimping tool
1 Hex Crimping tool
2 Thomas & Betts Crimping Tool
3 24" Level
1 4' Level
1 Klein cable cutters
2 Hand saw
3 Rakes
5 Flat shovel
7 Spade
6 Electric Cord Drills
1 Heavy duty adjustable torque screwdriver
1 Ryobi fixed base router double insulated
1 Dewalt jigsaw
2 18 Volt hand circular saws (cordless)
4 18 Volt hand flashlights
3 18 Volt Sawzalls (cordless)
7 18 Volt Screwdriver & Hammer drills
(cordless)
2 18 Volt Impact Drills
10 18 Volt battery chargers (with cord)
5 Short handle shovels
4 Post digger
3 Telescopic magnetic pick up tool
2 Nylon fish tape
2 24" crescent wrench
3 1/2" bender
1 1 -1/4" bender
1 24" Pipe wrench
2 14" Pipe wrench
1 2-1/4" Wrench
2 1-3/4" Wrench
2 1-5/8" Wrench
2 1-1/2" Wrench
1 1-3/8" Wrench
1 6" Heavy duty scraper
7 Power punch set
2 Digging picks
1 Rock bar
2 Trallier locks
1 Tyco kit
4 Husky heavy duty storage organizer
2 Weed whackers
13 Irwin Quick Grips
1 Central hydraulic portable puller (4 tons)
1 Angle grinder
5 Boxes Pipe threader
2 Drop lights
2 Dremel Drills
1 Dewalt combo kit (drill, sawzall, grinder,
flashlight, circular s

\$0.00

\$10,000.00

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (If known)

Quantity Tool Description

2 Winches		
1 Generator		
1 Small shop vac		
2 3/4 Conduit bender		
1 5' Level		
1 Husky laser level		
2 Concrete vibrator		
1 4' A-frame ladder		
1 8' A-frame ladder		
1 20 Volt max Dewalt drills		
1 20 Volt max Dewalt impact driver		
1 Milwaukee hackzall		
2 Shovels		
2 Trenching shovels		
1 Hand tamper		
2 24" Adjustable wrench		
1 2" Open end wrench		
2 Rock bars	\$0.00	\$10,000.00

Quantity Tool Description

1 Dewalt DW0910 Building Level with tripod		
1 Milwaukee 6232-6N band saw		
1 Milwaukee mag drill press		
1 Oztech 24 oz concrete vibrator		
1 Briggs station 5500W generator		
1 8' Werner ladder		
1 12' Werner extended ladder		
2 Fall protection harness		
1 Greenlee 7906SB punch driver set		
1 Stihl TS420 concrete saw		
1 Greenlee 1-1/4" emt binder		
1 Proto 2-1/4" open end wrench		
2 Flat head shovels		
1 Pick axe		
2 Trenching shovels		
1 3/4" Emt binder	\$0.00	\$9,000.00

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$92,300.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (If known)

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.

55.1.

**1501 12th Street NW,
Albuquerque, NM
87104**

Nature and extent of debtor's interest in property

**Commercial
Lease
Business
Location and
Parking Lot**

Net book value of debtor's interest (Where available)

\$0.00

Valuation method used for current value

Current value of debtor's interest

\$0.00

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description

Net book value of debtor's interest (Where available)

Valuation method used for current value

Current value of debtor's interest

60. **Patents, copyrights, trademarks, and trade secrets
Expired Patents**

\$0.00

Unknown

61. **Internet domain names and websites
Domain Names - Websites**

\$0.00

Unknown

62. **Licenses, franchises, and royalties**

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?**

☒ No
☐ Yes

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name _____

Case number (If known) _____

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

Refunds - NOLs

Tax year _____

Unknown

73. **Interests in insurance policies or annuities**

**NM Employers Assurance Company/Poms & Assoc.,
Ins.
Workers' Comp and Employers' Liability**

\$0.00

401k

\$0.00

Nationwide/Allied:

**Business Auto, Commercial Umbrella, Inland Marine,
Commercial Property, General Liability Insurance
Coverage**

\$0.00

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Potential recovery actions.

Unknown

Nature of claim

Amount requested

\$0.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** Examples: Season tickets, country club membership

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number *(If known)*

78. **Total of Part 11.**
Add lines 71 through 77. Copy the total to line 90.

<div>\$0.00</div>

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**
☒ No
☐ Yes

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name _____

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$25,000.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$243,495.71</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$9,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$92,300.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+</u> <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$369,795.71</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$369,795.71</u>

Fill in this information to identify the case:Debtor name **Sacred Power, LLC a New Mexico Limited Liability Company**United States Bankruptcy Court for the: **DISTRICT OF NEW MEXICO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	Bank of the West Creditor's Name 6600 Central Avenue, SW Albuquerque, NM 87121 Creditor's mailing address Creditor's email address, if known Date debt was incurred 2012 Last 4 digits of account number 0026 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Line of Credit Describe the lien Line of Credit Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$398,141.53 \$0.00

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$398,141.53****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
CT Lien Solutions PO Box 29071 Glendale, CA 91209-9071	Line 2.1	

Fill in this information to identify the case:Debtor name **Sacred Power, LLC a New Mexico Limited Liability Company**United States Bankruptcy Court for the: **DISTRICT OF NEW MEXICO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$427,286.35	\$427,286.00
	Date or dates debt was incurred 2016	Basis for the claim: Employment Tax		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address New Mexico Taxation & Revenue PO Box 8575 Albuquerque, NM 87198-8575	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$567.33	\$0.00
	Date or dates debt was incurred 2016	Basis for the claim: Employment Taxes		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name	Case number (if known)
--------	---	------------------------

2.3	Priority creditor's name and mailing address New Mexico Taxation & Revenue PO Box 8575 Albuquerque, NM 87198-8575	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$43.67	\$0.00
Date or dates debt was incurred 2016		Basis for the claim: Employment Taxes		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Workforce Solutions Department PO Box 1928 Albuquerque, NM 87103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$137,814.84	\$137,814.84
Date or dates debt was incurred 2016		Basis for the claim: Unemployment Wage Contributions		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
--	--	--	------------------------

3.1	Nonpriority creditor's name and mailing address 101 Pipe & Casing 5609 Alameda Place, NE Albuquerque, NE 87113 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-----	--	--	--------

3.2	Nonpriority creditor's name and mailing address A.M. Telephone 3501 San Mateo Blvd NE Albuquerque, NM 87110 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-----	---	--	--------

3.3	Nonpriority creditor's name and mailing address A.R.T Locating 910 Loma Ct. El Cajon, CA 92020 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-----	--	--	--------

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.4	Nonpriority creditor's name and mailing address Ababa Bolt 1466-1 Pioneer Way El Cajon, CA 92020-1678 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.5	Nonpriority creditor's name and mailing address ABC Supply Co. Inc. (ABC Roofing) 705 Comanche Road Northeast Albuquerque, NM 87107-4105 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.6	Nonpriority creditor's name and mailing address ABCWUA (JAG Bldg - 7243539560) P.O. Box 1313 Albuquerque, NM 87103-1313 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>9560</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.40
3.7	Nonpriority creditor's name and mailing address ABCWUA (SPC - 1287579560) P.O. Box 1313 Albuquerque, NM 87103-1313 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>9560</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.88
3.8	Nonpriority creditor's name and mailing address ABCWUA (SPC - 1343539560) PO Box 1313 Albuquerque, NM 87103-1313 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>9560</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$234.79
3.9	Nonpriority creditor's name and mailing address ABCWUA (SPC - 9243539560) P.O. Box 1313 Albuquerque, NM 87103-1313 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.10	Nonpriority creditor's name and mailing address ABF Multimodal, Inc. P.O. Box 10048 Fort Smith, AR 72917-0048 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>0002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.11	Nonpriority creditor's name and mailing address ABQ Air 619 Tanager Drive SW Albuquerque, NM 87121 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.12	Nonpriority creditor's name and mailing address ABQ Engineering 8102 Menaul Blvd. NE Suite D Albuquerque, NM 87104 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.13	Nonpriority creditor's name and mailing address ABQ Free Press PO Box 6070 Albuquerque, NM 87197-6070 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.14	Nonpriority creditor's name and mailing address Academy Reprographics 8900-N San Mateo NE Albuquerque, NM 87113 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.15	Nonpriority creditor's name and mailing address Ace Rebar 4805 Williams Street, SE Albuquerque, NM 87105 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.16	Nonpriority creditor's name and mailing address Acme Safety & Supply Corp. 1616 West Avenue National City, CA 91950 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190.00
3.17	Nonpriority creditor's name and mailing address AEE Solar 775 Fiero Lane, Suite 200 San Luis Obispo, CA 93401 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>2058</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.18	Nonpriority creditor's name and mailing address Affordable Solar LLC 4840 Pan American Frontage Rd NW Albuquerque, NM 87109 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>9867</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.19	Nonpriority creditor's name and mailing address Affordable Tire & Service 307 Menaul Blvd NW Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.20	Nonpriority creditor's name and mailing address Ahern Rentals PO Box 271390 Las Vegas, NV 89127-1390 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>8861</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.21	Nonpriority creditor's name and mailing address Aidant Fire and Security 15836 North 7th Street Scottsdale, AZ 85260-1700 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.22	Nonpriority creditor's name and mailing address Albuquerque Bolt & Fastener 2926 Second Street, NW Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.23	Nonpriority creditor's name and mailing address Albuquerque Forklift 5501 Midway Park Place, NE Albuquerque, NM 87109 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.24	Nonpriority creditor's name and mailing address Albuquerque Journal PO Box 95777 Albuquerque, NM 87199-5777 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.25	Nonpriority creditor's name and mailing address Albuquerque Pipe & Pump 4300 Ellison NE Albuquerque, NM 87109 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
------	---	--	---------------

3.26	Nonpriority creditor's name and mailing address Albuquerque Public Schools 400 Uptown Blvd NE Suite 600W Albuquerque, NM 87125-0704 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
------	---	--	---------------

3.27	Nonpriority creditor's name and mailing address Albuquerque Tax Advisors, LLC 4801 Lang Avenue, NE Suite 110 Albuquerque, NM 87104 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
------	--	--	---------------

3.28	Nonpriority creditor's name and mailing address Alibi / NuCity Publications, Inc. 413 Central Street, NW Albuquerque, NM 87102 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>8251</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
------	--	--	---------------

3.29	Nonpriority creditor's name and mailing address Alliance Testing, LLC 120 Madeira Rd. NE, Suite #100 Albuquerque, NM 87108 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
------	--	--	---------------

3.30	Nonpriority creditor's name and mailing address Allied Insurance P. O. Box 514540 Los Angeles, CA 90051-4540 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>2074</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,557.74
------	--	---	-------------------

3.31	Nonpriority creditor's name and mailing address Alonzo Guerrero 808 El Serrano Ct Albuquerque, NM 87105 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
------	---	--	---------------

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.32	Nonpriority creditor's name and mailing address Alpine Lumber 27 Halo Pines Terrace Angel Fire, NM 87710 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.33	Nonpriority creditor's name and mailing address AltE Direct 43 Broad St. Suite A408 Hudson, MA 01749 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.34	Nonpriority creditor's name and mailing address American Express P. O. Box 360001 Fort Lauderdale, FL 33336-0001 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,769.02 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.35	Nonpriority creditor's name and mailing address American Fence Company of New Mexico, In 9634 2nd St. NW Albuquerque, NM 87114 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.36	Nonpriority creditor's name and mailing address American Indian Chamber of Commerce of N 2401 12th st. NW Suite5 Albuquerque, NM 87102 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.37	Nonpriority creditor's name and mailing address Antelope Country Inn P.O. Box 1025 Mission, SD 57555 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.38	Nonpriority creditor's name and mailing address Appliance Parts Depot 3340 Princeton NE Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.39	Nonpriority creditor's name and mailing address Archie Archuleta Designs 11200 Hume Avenue, NE Albuquerque, NM 97112 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.40	Nonpriority creditor's name and mailing address Array Technologies, Inc. 3901 Midway Place NE Albuquerque, NM 87109 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.41	Nonpriority creditor's name and mailing address Ashley Mireles 7900 Bart Ave NE Albuquerque, NM 87109 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.42	Nonpriority creditor's name and mailing address Assman Implement, Inc. 28126 US HWY 18 Mission, SD 57555 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.43	Nonpriority creditor's name and mailing address ASTA Roofing and Construction, LLC 3897 W Irvington Rd. Tucson, AZ 85746 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.44	Nonpriority creditor's name and mailing address AutomationDirect.com, Inc. P.O. Box 402417 Atlanta, GA 30384-2417 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.45	Nonpriority creditor's name and mailing address Awards, Etc. 904 Juan Tabo Blvd. NE Albuquerque, NM 87112 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.46	Nonpriority creditor's name and mailing address B & Y Pest Control P.O. Box 11880 Albuquerque, NM 87192 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.47	Nonpriority creditor's name and mailing address B&J Machine Works INC 5599 Old Millington Rd. Millington, TN 38053 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.48	Nonpriority creditor's name and mailing address Backwoods Solar 1589 Rapid Lightning Rd Sandpoint, ID 83864 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.49	Nonpriority creditor's name and mailing address Bank of the West 6600 Central Avenue, SW Albuquerque, NM 87121 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$51,564.78 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.50	Nonpriority creditor's name and mailing address BankCard Center P.O. Box 4021 Alameda, CA 94501-0421 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.51	Nonpriority creditor's name and mailing address BayWa r.e. Solar Systems LLC (Focused) 1730 Camino Carlos Rey, Suite 201 Santa Fe, NM 87507 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>Sacred Power</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.52	Nonpriority creditor's name and mailing address BBCN Bank (Center Bank) 360 14th Street Oakland, CA 94612 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.53	Nonpriority creditor's name and mailing address Bekaert Corporation 1395 South Marietta Parkway Marietta, GA 30067 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.54	Nonpriority creditor's name and mailing address Belau Electric, LLC 91-1240 Kuanoo Street Ewa Beach, HI 96706 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.55	Nonpriority creditor's name and mailing address Benze Technical Consultants LLC 10809 Richfield Avenue NE Albuquerque, NM 87122 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,521.25
3.56	Nonpriority creditor's name and mailing address Bernalillo County - Permits 111 Union Square Albuquerque, NM 87102 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.57	Nonpriority creditor's name and mailing address Bernalillo County Parks & Recreation Dep 111 Union Square St. SE Albuquerque, NM 87102 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.58	Nonpriority creditor's name and mailing address Bernalillo County Treasurer PO Box 269 Albuquerque, NM 87103-0269 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.59	Nonpriority creditor's name and mailing address Betatron Electronics, Inc 1381 Flightway Avenue, SE Suite B Albuquerque, NM 87106 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.60	Nonpriority creditor's name and mailing address Big I Concrete 622 Industrial Ave NE Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.61	Nonpriority creditor's name and mailing address Big Mike's Rental Sales & Services 606 E Historic Hwy 66 Gallup, NM 87301 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.62	Nonpriority creditor's name and mailing address Big R 3325 Reno Hwy Fallon, NV Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.63	Nonpriority creditor's name and mailing address BigRentz 1063 McGaw Ave #200 Irvine, CA 92614 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.64	Nonpriority creditor's name and mailing address BIM Services & Design LLC Edward Garcia 8429 Washington Place NE S Albuquerque, NM 87113 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.65	Nonpriority creditor's name and mailing address Bisco Industries 1500 N. Lakeview Ave. Anaheim, CA 92807 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.66	Nonpriority creditor's name and mailing address Blackies Trophies Awards 265 3rd Ave. Chula Vista, CA 91910 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.67	Nonpriority creditor's name and mailing address Bob Garrecht Supply Inc. 2432 Claremont NE Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.68	Nonpriority creditor's name and mailing address Bob's Yard, Inc. P.O. Box 1210 Angel Fire, NM 87710 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.69	Nonpriority creditor's name and mailing address Bobcat of Albuquerque 2900 Vassar Dr NE Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.70	Nonpriority creditor's name and mailing address Bomgaars 700 E. Hwy 20 Valentine, NE 69201 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.71	Nonpriority creditor's name and mailing address Border States Electric 5601 Jefferson Ln., NE Albuquerque, NM 87109 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.72	Nonpriority creditor's name and mailing address Brake Masters 2925 Coors Blvd Albuquerque, NM 87120 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.73	Nonpriority creditor's name and mailing address Bright-Tech 8916 Olivine St. NE Albuquerque, NM 87113 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.74	Nonpriority creditor's name and mailing address Brooklyn Motorsports 1308 1st Street Albuquerque, NM 87102 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
------	--	--	---------------

3.75	Nonpriority creditor's name and mailing address Budget Professional, LLC 5316 Timberline Ave NW Albuquerque, NM 87120 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
------	---	--	---------------

3.76	Nonpriority creditor's name and mailing address Capital One PO Box 34631 Seattle, WA 98124-1631 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>6884</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,093.23
------	---	---	-------------------

3.77	Nonpriority creditor's name and mailing address Carrillo Roofing General Contractor LLC 504 Oriole Ct Albuquerque, NM 87121 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
------	---	--	---------------

3.78	Nonpriority creditor's name and mailing address Carroll Metal Works, Inc. 740 W 16th St. National City, CA 91950 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
------	--	--	---------------

3.79	Nonpriority creditor's name and mailing address CED - Albuquerque rical Distributers P.O. Box 461667 San Antonio, TX 78246 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>2600</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
------	--	--	---------------

3.80	Nonpriority creditor's name and mailing address CED - Durango 56 Stewart Street Durango, CO 81303 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
------	---	--	---------------

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.81	Nonpriority creditor's name and mailing address CED - San Luis Obispo, CA 2520 Victoria Ave San Luis Obispo, CA 93401 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$456.77
3.82	Nonpriority creditor's name and mailing address CED Greentech - San Diego, CA 5445 Ruffin Rd. San Diego, CA 92123 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.83	Nonpriority creditor's name and mailing address CED Greentech - Tempe, AZ P.O. Box 15367 Scottsdale, AZ 85267-5367 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.84	Nonpriority creditor's name and mailing address Central New Mexico Electric Cooperative 810 1st Stree t Moriarty, NM 87035 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.85	Nonpriority creditor's name and mailing address Central Payment Merchant Services 2350 Kerner Blvd #300 San Rafael, CA 94901 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.90
3.86	Nonpriority creditor's name and mailing address Central Trailer Supply 8225 Central Avenue, NE Albuquerque, NM 87108 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.87	Nonpriority creditor's name and mailing address Champion Truss, Inc. P.O. Box 12402 Albuquerque, NM 87195-2402 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor		Sacred Power, LLC a New Mexico Limited Liability Company		Case number (if known)	
Name					
3.88	Nonpriority creditor's name and mailing address Chaparral Materials Inc. P. O. Box 1719 Bernalillo, NM 87004 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>2191</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00		
3.89	Nonpriority creditor's name and mailing address ChargePoint, Inc. DEPT LA 24104 Pasadena, CA 91185-4104 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,389.00		
3.90	Nonpriority creditor's name and mailing address Chase Southwest CC - 8095 P. O. Box 15153 Wilmington, DE 19886-5153 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,312.84		
3.91	Nonpriority creditor's name and mailing address Cherry County 903 West Hiway 20 Valentine, NE 69201 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00		
3.92	Nonpriority creditor's name and mailing address Child Support Enforcement Division CSED/CASH Processing P.O. Box 25109 Albuquerque, NM 87125 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00		
3.93	Nonpriority creditor's name and mailing address Chino, Casey (V) P.O Box 514 New Laguna, NM 87038 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00		
3.94	Nonpriority creditor's name and mailing address CHK Enterprises, Inc. 4904 Jefferson Avenue, NE Suite 'E' Albuquerque, NM 87109 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00		

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.95	Nonpriority creditor's name and mailing address Choice Steel Company 7100B 2nd St. NW, Box 7 Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>SA82</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.96	Nonpriority creditor's name and mailing address Chris Murray Engineer 12059 N. Hwy. 14 Cedar Crest, NM 87008 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.97	Nonpriority creditor's name and mailing address Chula Vista Electric 9344 Wheatlands Rd Santee, CA 92071 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.98	Nonpriority creditor's name and mailing address CINTAS First Aide & Safety P. O. BOX 631025 Cincinnati, OH 45263-1025 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>3549</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.99	Nonpriority creditor's name and mailing address City of Albuquerque - BSD (Permits) Garden Level, Plaza Del Sol Building 600 Albuquerque, NM 87102 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.100	Nonpriority creditor's name and mailing address City of Albuquerque - FARU P.O. Box 25700 Albuquerque, NM 87125 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>1309</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.101	Nonpriority creditor's name and mailing address City of Port Hueneme 250 North Ventura Road Port Hueneme, CA 93041 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.102	Nonpriority creditor's name and mailing address City of Rio Rancho Development Services 3200 Civic Center C Rio Rancho, NM 87144 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.103	Nonpriority creditor's name and mailing address Civicsolar, Inc. P. O. Box 101376 Pasadena, CA 91189-0005 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.104	Nonpriority creditor's name and mailing address ClipperCreek, Inc. 11850 Kemper Road Suite #E Auburn, CA 95603 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.105	Nonpriority creditor's name and mailing address CMC Rebar 2300 1st St. NW Albuquerque, NM 87102 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.106	Nonpriority creditor's name and mailing address Coconut Grove Motor Inn 9725 Front Beach Rd. Panama City, FL 32407 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.107	Nonpriority creditor's name and mailing address Comcast Cable PO Box 34744 Seattle, WA 98124-1744 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>8</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.108	Nonpriority creditor's name and mailing address Complete Lift Repair LLC Juan Ledesma PO Box 45642 Rio Rancho, NM 87174 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.109	Nonpriority creditor's name and mailing address Conan Construction, Inc. 1440 Collidge National City, CA 91950 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,520.36
-------	--	---	-------------------

3.110	Nonpriority creditor's name and mailing address Concrete Systems Inc. 3120 Richmond Dr., NE Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.111	Nonpriority creditor's name and mailing address ConDeck Corporation 3230 Matthew Av. Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.112	Nonpriority creditor's name and mailing address Construction Industries Division 5500 San Antonio Dr. Albuquerque, NM 87109 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.113	Nonpriority creditor's name and mailing address Continental Battery Co. 3700 Osuna Rd NE Suite 714 Albuquerque, NM 87109 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>0294</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.114	Nonpriority creditor's name and mailing address Copper State Bolt & Nut Co. 8401 Washington Street, NE Albuquerque, NM 87113 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>C200</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.115	Nonpriority creditor's name and mailing address Crescent Electric Supply Co. 3254 East Broadway Rd. Phoenix, AZ 85040 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.116	Nonpriority creditor's name and mailing address Crown Battery Mfg Co 1445 Majestic Drive PO Box 990 Fremont, OH 43420-0990 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.117	Nonpriority creditor's name and mailing address Crum Electric Supply ity 1055 East Chicago Street Rapid City, SD 57701 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.118	Nonpriority creditor's name and mailing address CT Corporation PO Box 4349 Carol Stream, IL 60197-4349 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.119	Nonpriority creditor's name and mailing address Cunningham Distribution Inc. 615 Haines Ave. NW Albuquerque, NM 87102 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.120	Nonpriority creditor's name and mailing address D'Arcangeli, Audra 315 Brindle Wood Rd NE Albuquerque, NM 87113 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.121	Nonpriority creditor's name and mailing address Dahl Plumbing - #183 1500 Candelaria Rd NE Albuquerque, NM 87107-2117 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.122	Nonpriority creditor's name and mailing address David Waconda P.O. Bx 424 New Laguna, NM 87036 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.123	Nonpriority creditor's name and mailing address Daylighting Solutions 8352 Corona Loop NE Albuquerque, NM 87113 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.124	Nonpriority creditor's name and mailing address De Lage Landen P.O. Box 41602 Philadelphia, PA 19101-1602 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>7569</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,577.51
-------	---	--	-------------------

3.125	Nonpriority creditor's name and mailing address Dealers Electrical Supply 4220A 2nd St NW Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>0103</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.126	Nonpriority creditor's name and mailing address Delta Dental 32833 Collections Center Drive Chicago, IL 60693-0328 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>0095</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.127	Nonpriority creditor's name and mailing address Delta Lightning Arrestors, Inc PO Box 750 Big Springs, TX 79721 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>SPCANM</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.128	Nonpriority creditor's name and mailing address Delta Tire Pros 833 E Santa Fe Ave Grants, NM 87020 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.129	Nonpriority creditor's name and mailing address Discount Glass and Glazing 6604 2nd St NW Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.130	Nonpriority creditor's name and mailing address Discount Tire Store - Alb 4600 Pan American Fwy NE Albuquerque, NM 87109 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.131	Nonpriority creditor's name and mailing address Distribution International - Selle Suppl 5225 S. Loop 289 Lubbock, TX 79424 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.132	Nonpriority creditor's name and mailing address Diversified Minerals Inc 1135 E. Wooley Rd Oxnard, CA 93030 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.133	Nonpriority creditor's name and mailing address Division 10 Materials, Inc. 6817-C Academy Parkway East NE Albuquerque, NM 87109 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.134	Nonpriority creditor's name and mailing address Doc Savage Supply Company P. O. Box 6549 Albuquerque, NM 87197-6549 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.135	Nonpriority creditor's name and mailing address Document Solutions, Inc. P.O. Box 37410 Albuquerque, NM 87176 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>8259</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$197.61
3.136	Nonpriority creditor's name and mailing address Downey & Company 6565 Americas Parkway NE Suite 750 Albuquerque, NM 87110 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.137	Nonpriority creditor's name and mailing address DPW Solar (Power Fab) 4000-B Vasser Drive, NE Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.138	Nonpriority creditor's name and mailing address Duke City Redi-Mix P.O. Box 250 Moriarty, NM 87035 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.139	Nonpriority creditor's name and mailing address DynoRaxx 6500 Sheridan Drive, Ste. 120 Buffalo, NY 14221 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.140	Nonpriority creditor's name and mailing address Eaton Media LLC 12412 Chelwood Ct NE Albuquerque, NM 87112 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.141	Nonpriority creditor's name and mailing address EcoDirect, Inc. 3146 Tiger Run Court Carlsbad, CA 92010 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.142	Nonpriority creditor's name and mailing address eGauge Systems LLC 4730 Walnut St, Ste 110 Boulder, CO 80301 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.143	Nonpriority creditor's name and mailing address ElectRickServiceLLC 5435 West 86th Avenue Arvada, CO 80003 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.144	Nonpriority creditor's name and mailing address Elizardo Medina 502 B Octaviano Rd Taos, NM 87571 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.145	Nonpriority creditor's name and mailing address Emmett Archuleta P.O. Box 472 Penasco, NM 87553 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.146	Nonpriority creditor's name and mailing address Employment Security Division Contributions Section 500 East Third Str Carson City, NV 89713-0030 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.147	Nonpriority creditor's name and mailing address Engraving By Jack 861 6th Ave. 710 San Diego, CA 92101 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.148	Nonpriority creditor's name and mailing address Epipeline P.O. Box 533023 Atlanta, GA 30353-3023 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.149	Nonpriority creditor's name and mailing address Exhibit Solutions of NM 4301 Masthead NE, Suite C Albuquerque, NM 87109 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.150	Nonpriority creditor's name and mailing address Fairway Inc. 6820 Academy Parkway East, NE Albuquerque, NM 87109 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.151	Nonpriority creditor's name and mailing address Fastenal Company P.O. Box 978 Winona, MN 55987-0978 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$543.48
-------	---	---	-----------------

3.152	Nonpriority creditor's name and mailing address FASTSIGNS 407 2nd Street SW Albuquerque, NM 87102 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.153	Nonpriority creditor's name and mailing address FEDEX Corporation P.O. Box 94515 Palatine, IL 60094-4515 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>4320</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.154	Nonpriority creditor's name and mailing address Ferguson Enterprises, Inc. 801 Candelaria Road, NE Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.155	Nonpriority creditor's name and mailing address Ferrellgas PO Box 173940 Denver, CO 80217-3940 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.156	Nonpriority creditor's name and mailing address First Santa Fe Insurance 6501 American Parkway NE Albuquerque, NM 87110 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.157	Nonpriority creditor's name and mailing address Flagala Do It Best Hardware 9700 Front Beach Rd. Panama City, FL 32407 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.158	Nonpriority creditor's name and mailing address Flying C Ranch I-40 Exit 234 Moriarty, NM Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.159	Nonpriority creditor's name and mailing address Fortune Energy 21029 Itasca St Unit A-B Chatsworth, CA 91311 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.160	Nonpriority creditor's name and mailing address Franks Supply Company 3311 Stanford Drive, NE Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>3550</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.161	Nonpriority creditor's name and mailing address Freightquote.com, Inc. P.O. Box 9121 Minneapolis, MN 05548-0921 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$348.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	--

3.162	Nonpriority creditor's name and mailing address Fronius USA LLC 6797 Fronilus Drive Portage, IN 46368 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.163	Nonpriority creditor's name and mailing address Fullriver Battery USA 4030 Adolfo Road Camarillo, CA 93012 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.164	Nonpriority creditor's name and mailing address G&K Services, Inc. PO Box 842385 Boston, MA 02284-2385 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>5717</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$457.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.165	Nonpriority creditor's name and mailing address G2 ProjectFusion PO Box 2835 Corrales, NM 87048 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,485.84
3.166	Nonpriority creditor's name and mailing address Galles Chevrolet 1601 Lomas blvd Albuquerque, NM 87102 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.167	Nonpriority creditor's name and mailing address Garcia, Duane PO Box 972 Paguete, NM 87040 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.168	Nonpriority creditor's name and mailing address Gasket Packing Seal Supply Co., Inc. 3015 Princeton NE Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.169	Nonpriority creditor's name and mailing address GDR Automotive, LLC 4315 Menaul Blvd. NE Albuquerque, NM 87110 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.170	Nonpriority creditor's name and mailing address GE Capital PO Box 105710 Atlanta, GA 30348-5710 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>5885</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.171	Nonpriority creditor's name and mailing address George Knipprath, PE 3012 Charleston St NE Albuquerque, NM 87110 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.172	Nonpriority creditor's name and mailing address GEXPRO PO Box 840040 Dallas, TX 75284 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>1187</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.173	Nonpriority creditor's name and mailing address Gialouris, Sawyer 1308 1st Street NW Albuquerque, NM 87102 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.174	Nonpriority creditor's name and mailing address Ginos Enterprise LLC P.O. Box 268 tijeras, Nm 87059 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.175	Nonpriority creditor's name and mailing address Global Solar / Hanergy S Rita Road Tucson, AZ 85747 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.176	Nonpriority creditor's name and mailing address Globaltranz Enterprises, Inc. PO Box 203285 Dallas, TX 75320-3285 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.177	Nonpriority creditor's name and mailing address GMSS 8532 Paseo Alameda NE Albuquerque, NM 87113 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.178	Nonpriority creditor's name and mailing address Gorman Industries PO Box 743 Albuquerque, NM 87103 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.179	Nonpriority creditor's name and mailing address GPS Heroes 29975 Technology Drive #101 Murrieta, CA 92563 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.180	Nonpriority creditor's name and mailing address Grainger DEPT. 858957145 P.O. Box 419267 Kansas City, MO 64141-6267 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>7145</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.181	Nonpriority creditor's name and mailing address Graybar Electric Company, Inc. 57072 Los Angeles, CA 90074-7072 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>9799</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$121.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	--

3.182	Nonpriority creditor's name and mailing address Greene Valley Rentals 5015 Reno Hwy Fallon, NV 89406 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.183	Nonpriority creditor's name and mailing address Harbor Freight Tools 11001 Menaul Blvd, NE Albuquerque, NM 87123 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.184	Nonpriority creditor's name and mailing address Hard Rock Concrete 867 Don Felipe Rd Belen, NM 87002 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.185	Nonpriority creditor's name and mailing address Harrington Industrial Plastics 5311 Oakland Avenue NE Albuquerque, NM 87113 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.186	Nonpriority creditor's name and mailing address Harris Rebar New Mexico, Inc. 7110 2nd ST NW Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.187	Nonpriority creditor's name and mailing address Harvey Garcia P.O. Box 376 Penasco, NM 87553 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.188	Nonpriority creditor's name and mailing address HD Supply Waterworks 6135 2nd St NW Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.189	Nonpriority creditor's name and mailing address Heliodyne, Inc 4910 Seaport Avenue Richmond, CA 94804 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>Sacredpowercorp</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.190	Nonpriority creditor's name and mailing address Helios USA, LLC 80 Broad Street, 22nd Floor New York, NY 10004 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.191	Nonpriority creditor's name and mailing address Heliotrope Pool 204 Greenfield Drive, Suite E El Cajon, CA 92020 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.192	Nonpriority creditor's name and mailing address Hensley Battery & Electric P.O. Box 17108 Denver, CO 80217 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>4614</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$150.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.193	Nonpriority creditor's name and mailing address Hergy Lighting Technology Corp. 9F.1, No.13, sec.2, Beitou Rd. Beitou Di Taipei City, Taiwan Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.194	Nonpriority creditor's name and mailing address HILTI Inc. 2420 Comanche Road, NE Suite B8 Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.195	Nonpriority creditor's name and mailing address Home Depot 6035 3225 0380 4159 P.O. Box 6031 The Lakes, NV 88901-6031 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>4159</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,050.16 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Charge Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.196	Nonpriority creditor's name and mailing address Hose And Hydraulics 2824 Vassar NE Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.197	Nonpriority creditor's name and mailing address I & L Rentals, LLC PO Box 700946 Kapolei, HI 96709-0946 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.198	Nonpriority creditor's name and mailing address IC Systems Inc. 14252 Culver Drive A724 Irvine, CA 92604 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.199	Nonpriority creditor's name and mailing address IEC Supply, LLC 1455 W. 12th Place Tempe, AZ 85281 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.200	Nonpriority creditor's name and mailing address Independent Drug & Testing Forensic Serv P.O. Box 95708 Albuquerque, NM 87199-5708 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.201	Nonpriority creditor's name and mailing address Industrial Metal Supply Co. 7550 Ronson Rd. San Diego, CA 92111 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.202	Nonpriority creditor's name and mailing address Intercity Truck & Trailer Repair 416 Menaul St. NW Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.203	Nonpriority creditor's name and mailing address Isleta Business Corporation 3950 ST RD 47 SW Albuquerque, NM 87105 Date(s) debt was incurred <u>2016 - 2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$630,000.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notes Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.204	Nonpriority creditor's name and mailing address Isleta Business Corporation 3950 ST RD 47 SW Albuquerque, NM 87105 Date(s) debt was incurred <u>2016 - 2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$228,208.55 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>AP Expenses</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.205	Nonpriority creditor's name and mailing address Isleta Business Corporation 3950 ST RD 47 SW Albuquerque, NM 87105 Date(s) debt was incurred <u>2016 - 2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$113,000.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LOC LMA</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.206	Nonpriority creditor's name and mailing address J&B Automotive, Inc. 5100 Edith Blvd, NW Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.207	Nonpriority creditor's name and mailing address J. H. Rose Logistics Dept. 3127 PO Box 123127 Dallas, TX 75312-3127 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.208	Nonpriority creditor's name and mailing address Jacksons, Inc. 3502 Pan American Frwy NE Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.209	Nonpriority creditor's name and mailing address James Suina P.O. Box 372 Penasco, NM 87553 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.210	Nonpriority creditor's name and mailing address Janeane Kay Harwell 325 Washington Ave S #276 Kent, WA 98032 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.211	Nonpriority creditor's name and mailing address Jemez Mountains Electric Coop., Inc PO Box 2999 Espanola, NM 87532-4999 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.212	Nonpriority creditor's name and mailing address Jiffy Lube PO Box 6293 Carol Stream, IL 60197-6293 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.213	Nonpriority creditor's name and mailing address JLM Advanced Technical Services Inc. 2111N Sandra Street Suite B Appleton, WI 54911 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,520.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.214	Nonpriority creditor's name and mailing address Jobsite Supply Co. 4720 Mission Gorge Pl San Diego, CA 92120 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.215	Nonpriority creditor's name and mailing address Johnstone Supply 501 Phoenix NE Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>0530</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.216	Nonpriority creditor's name and mailing address Jonco, Inc. (John P) 670 Lakeview Circle Rio Rancho, NM 87124 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.217	Nonpriority creditor's name and mailing address Jorge Gomez 5316 Timberline Av. NW Albuquerque, NM 87120 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.218	Nonpriority creditor's name and mailing address JPR Decorative Gravel Inc. P.O. Box 65945 Albuquerque, NM 87193 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.219	Nonpriority creditor's name and mailing address Juan E. Duran PO Box 303 Penasco, NM 87553 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.220	Nonpriority creditor's name and mailing address KACO Solar 4036 Binz-Engleman Road Suite 208 San Antonio, TX 78219 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$162.00</u>

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.221	Nonpriority creditor's name and mailing address Kaehr Coatings Corporation 1425 Candelaria Road, NE Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>3030</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.222	Nonpriority creditor's name and mailing address KASA PO Box 844304 Dallas, TX 75284 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.223	Nonpriority creditor's name and mailing address Kelly Cable of N.M., Inc. 6901 Reading Dr. SE Albuquerque, NM 87105 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.224	Nonpriority creditor's name and mailing address Kelly J. Higgins 1313 15th St NW Albuquerque, NM 87104 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.225	Nonpriority creditor's name and mailing address Key Electrical Supply Inc. 1418 Harrison Ave. Panama City, FL 32401 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.226	Nonpriority creditor's name and mailing address KMI (Kinematics) 21410 N. 15th Lane Suite 104 Phoenix, AZ 85027 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.227	Nonpriority creditor's name and mailing address Knockout MTL WRX, LLC 7130 Jefferson St. Albuquerque, NM 87109 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.228	Nonpriority creditor's name and mailing address Krannich Solar 3809 Ocean Ranch Blvd. Suite 112 Oceanside, CA 92056 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.70
-------	---	---	-----------------

3.229	Nonpriority creditor's name and mailing address KRQE PO Box 844304 Dallas, TX 75284 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.230	Nonpriority creditor's name and mailing address Kyle Albert 7817 Snowberry St. NW Albuquerque, NM 87120 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.231	Nonpriority creditor's name and mailing address L & M Concrete and Pumping 19 Rito Guicu Santa Fe, NM 87507 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.232	Nonpriority creditor's name and mailing address Laun-Dry Supply Company 1503 12th Street, NW Albuquerque, NM 87104 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>7045</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.233	Nonpriority creditor's name and mailing address Lewan Technology P.O. Box 173704 Denver, CO 80217-3704 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>RU88</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.234	Nonpriority creditor's name and mailing address License Plate Toll P.O. Box 5470 Denver, CO 80217-5470 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.235	Nonpriority creditor's name and mailing address Live Wire Supply 1060 Bryant Street San Francisco, CA 94103 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.236	Nonpriority creditor's name and mailing address Locus Energy 657 Mission Street Suite 304 San Francisco, CA 94105 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.237	Nonpriority creditor's name and mailing address Loftin Equipment Co P.O. Box 10376 Phoenix, AZ 85064 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.238	Nonpriority creditor's name and mailing address Lone Mountain Roofing 145 Bosque Farms Blvd Bosque Farms, NM 87068 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.239	Nonpriority creditor's name and mailing address Louie's Ace Home Center 1855 W Williams Ave Fallon, NV 89406 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.240	Nonpriority creditor's name and mailing address Lowes PO Box 530914 Atlanta, GA 30353-0914 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Charge Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,744.68
-------	---	---	-------------------

3.241	Nonpriority creditor's name and mailing address Lucky Stripes & Signs 2107 Menaul NE Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.242	Nonpriority creditor's name and mailing address LUZ Energy Corp PO Box 9194 Albuquerque, NM 87119 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.243	Nonpriority creditor's name and mailing address M & M Pump PO Box 766 Taos, NM 87571 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.244	Nonpriority creditor's name and mailing address MAC Properties, LLC 1501 12th Street NW Albuquerque, NM 87104 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97,900.00
3.245	Nonpriority creditor's name and mailing address Maccaferri, Inc. 10303 Governor Lane Blvd. Williamsport, MD 21795-3115 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.246	Nonpriority creditor's name and mailing address Marco Steel & Aluminum PO Box 60475 Midland, TX 79711 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.247	Nonpriority creditor's name and mailing address Marshall, Bryan PO Box 904R Rosebud, SD 52570 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.248	Nonpriority creditor's name and mailing address Materials Inc. (Buildology) PO Box 1507 Bernalillo, NM 87004 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.249	Nonpriority creditor's name and mailing address Matheson Tri - Gas Inc. PO Box 845502 Dallas, TX 75284-5502 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>7372</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.250	Nonpriority creditor's name and mailing address McBrides Spring Inc. 1010 2nd St. NW Albuquerque, NM 87102 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.251	Nonpriority creditor's name and mailing address McMaster-Carr PO Box 7690 Chicago, IL 60680-7690 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.252	Nonpriority creditor's name and mailing address Medina Specialty PO Box 345 Taos, NM 87571 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.253	Nonpriority creditor's name and mailing address Metal Supermarkets 5620 D San Francisco NE Albuquerque, NM 87109 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.254	Nonpriority creditor's name and mailing address Midnite Solar 14000 Burn Rd. Arlington, WA 98223 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>777</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.255	Nonpriority creditor's name and mailing address Midsouth Pipe And Valve 1600 Channel 3 Dr. Memphis, TN 38103 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.256	Nonpriority creditor's name and mailing address Mino & Greg's Automotive 18 Camino la Familia Santa Fe, NM 87506 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.257	Nonpriority creditor's name and mailing address Mor-Co Battery (Interstate Batteries) 1910 First St. NW Albuquerque, NM 87102 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.258	Nonpriority creditor's name and mailing address Morrison Supply Company P.O. Box 70 Fort Worth, TX 76101-0070 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.259	Nonpriority creditor's name and mailing address Mouser Electronics 1000 North Main Street Mansfield, TX 76063 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.260	Nonpriority creditor's name and mailing address MTM Crane Service PO Box 1752 Taos, NM 87571 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.261	Nonpriority creditor's name and mailing address NABCEP 10 Hermes Road Suite 400 Malta, NY 12020 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.262	Nonpriority creditor's name and mailing address Nambe' Engineering, LLC 7621 Sunrose Drive, NW Albuquerque, NM 87120 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.263	Nonpriority creditor's name and mailing address NAPA Auto Parts File 56893 Los Angeles, CA 90074-6893 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>7167</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.264	Nonpriority creditor's name and mailing address National Electric Supply 2200 Midtown PI N.E. Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.265	Nonpriority creditor's name and mailing address Nationwide Mutual PO Box 514540 Los Angeles, CA 90051-4540 Date(s) debt was incurred <u>2016 - 2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance Carrier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,462.02
3.266	Nonpriority creditor's name and mailing address Neopost - 1369 PO BOX 30193 TAMPA, FL 33630-3193 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>1369</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164.86
3.267	Nonpriority creditor's name and mailing address New Mexico Dept of Workforce Solutions P.O. Box 1928 Albuquerque, NM 87103 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.268	Nonpriority creditor's name and mailing address New Mexico Gas Company - 1451 12th St. PO Box 27885 Albuquerque, NM 87125-7885 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>9816</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.10
3.269	Nonpriority creditor's name and mailing address New Mexico Gas Company - 1501 12th St. PO Box 27885 Albuquerque, NM 87125-7885 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>9634</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.05

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.270	Nonpriority creditor's name and mailing address New Mexico IFMA c/o Toni Blais, Treasurer 1301 Sara Way Rio Rancho, NM 87124 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.271	Nonpriority creditor's name and mailing address New Mexico Mutual P.O Box 27805 Albuquerque, NM 87125-7825 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>2266</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,121.00
3.272	Nonpriority creditor's name and mailing address Norman S. Wright Co. 4303 Ellison NE Albuquerque, NM 87109 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.273	Nonpriority creditor's name and mailing address Northern Arizona Wind & Sun, Inc. 4091 E. Huntington Dr Flagstaff, AZ 86004 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.274	Nonpriority creditor's name and mailing address Northern Battery 1546 Miller St. PO Box 1222 LA Crosse, WI 54601 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.275	Nonpriority creditor's name and mailing address Odes Armijo-Caster, Business Consultant PO Box 9149 Albuquerque, NM 87119 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.276	Nonpriority creditor's name and mailing address Old Republic Surety Group PO Box 1635 Milwaukee, WI 53201 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.277	Nonpriority creditor's name and mailing address Ortega's Propane Service 3914 2nd NW Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.278	Nonpriority creditor's name and mailing address Outback Power Technologies, Inc. c/o: Alpha Technologies 3767 Alpha Way Bellingham, WA 98226 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>6314</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.279	Nonpriority creditor's name and mailing address Pace Metals North LLC 7421 Reading Rd. SE Albuquerque, NM 87105 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.280	Nonpriority creditor's name and mailing address Pacific Materials Laboratory 150 Wood Road, Ste. B Camarillo, CA 93010 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.281	Nonpriority creditor's name and mailing address Pat's Doors Inc. 3611 2nd St SW Albuquerque, NM 87104 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$24.20</u>
3.282	Nonpriority creditor's name and mailing address Pattison Pension Specialists, Inc 3150 Carlisle #211 Albuquerque, NM 87110 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,946.42</u>
3.283	Nonpriority creditor's name and mailing address Paxton Electric LLC P.O. Box #1024 Mission, SD 57555 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$794.00</u>

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.284	Nonpriority creditor's name and mailing address Peacock Myers P.C. P.O. Box 26927 Albuquerque, NM 87125-6927 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,712.20
3.285	Nonpriority creditor's name and mailing address Peli Inc. 4812 Jefferson Street, NE Albuquerque, NM 87109 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.286	Nonpriority creditor's name and mailing address Pell Mell Supply 1305 Wilson Ave. National City, CA 91950 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.287	Nonpriority creditor's name and mailing address Phocos North America, Inc. 325 S. Euclid Ave., Suite 101 Tucson, AZ 85719 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.288	Nonpriority creditor's name and mailing address Pika Energy 35 Bradley Drive, Stop 1 Westbrook, ME 04092-2026 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.289	Nonpriority creditor's name and mailing address Pinnacle Marketing, Inc. 4400 2nd St NW Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.69
3.290	Nonpriority creditor's name and mailing address Pitney Bowes PO Box 371874 Pittsburgh, PA 15250-7874 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>0867</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.291	Nonpriority creditor's name and mailing address Pitney Bowes Global Financial Services P O BOX 371887 Pittsburgh, PA 15250-7887 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.292	Nonpriority creditor's name and mailing address Platte Anchor Bolt Co. 4950 Jackson Street Denver, CO 80216 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.293	Nonpriority creditor's name and mailing address Plug Power 968 Albany Shaker Rd. Latham, NY 12110 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.294	Nonpriority creditor's name and mailing address PNM PO Box 27900 Albuquerque, NM 87125-7900 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>7846</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$31.60 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	--

3.295	Nonpriority creditor's name and mailing address PNM - Meter 414 Silver Ave Albuquerque, NM 87102 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.296	Nonpriority creditor's name and mailing address PNM - Solar Program Alvarado Square MS 0510 Albuquerque, NM 87158-0001 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>7846</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.297	Nonpriority creditor's name and mailing address PNM Electric PO Box 27900 Albuquerque, NM 87125-7900 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>9634</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$279.19 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.298	Nonpriority creditor's name and mailing address POMS & Associates Ins. Brokers, Inc 8191 Wanda Duran 320 Osuna Rd. NE Suite B Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.299	Nonpriority creditor's name and mailing address Port Plastics (Plastic Supply Co.) 2109 Candelaria NE Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.300	Nonpriority creditor's name and mailing address Power One Renewable Energy Solution 740 Calle Plano Camarillo, CA 93012 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.301	Nonpriority creditor's name and mailing address Power Pro Plus, Inc. 8751 Prestige Court Rancho Cucamonga, CA 91730 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.302	Nonpriority creditor's name and mailing address Premium Auto Repair Center 120 East B Street Valentine, NE 69201 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.303	Nonpriority creditor's name and mailing address Primus Wind Power, Inc. 938 Quail Street Unit E Lakewood, CO 80215 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.304	Nonpriority creditor's name and mailing address Pro-Fab, Inc. 1040 Bosque Farms Blvd. Bosque Farms, NM 87068 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.305	Nonpriority creditor's name and mailing address Progressive Construction Materials P.O. Box 92913 Albuquerque, NM 87199-2913 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.306	Nonpriority creditor's name and mailing address PROINSO US, LLC 3410 Industrial Blvd. Suite 102 West Sacramento, CA 95691 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.307	Nonpriority creditor's name and mailing address Pronto Auto Parts 210 S Main St. Valentine, NE 69201 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.308	Nonpriority creditor's name and mailing address Protech Products 511 Central Park Drive Sanford, FL 32771 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.309	Nonpriority creditor's name and mailing address PSI 2301 Yale Blvd. SE Ste C-4 Albuquerque, NM 87106 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.310	Nonpriority creditor's name and mailing address Pueblo of Laguna Utility Authority 6 Arrowhead Road PO Box 208 Laguna, NM 87026 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	--

3.311	Nonpriority creditor's name and mailing address Pueblo of Picuris (v) Accounting Department P. O. Box 127 Penasco, NM 87553 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.312	Nonpriority creditor's name and mailing address Quality Powder Coating 2605 Faivre St. Ste. A Chula Vista, CA 91911 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.313	Nonpriority creditor's name and mailing address R & L Cart Away 2356 Highway 333 Edgewood, NM 87105 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.314	Nonpriority creditor's name and mailing address R.E.R. Redi-Mix Inc. 1261 Rivera Rd Santa Rosa, NM 88435 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.315	Nonpriority creditor's name and mailing address RA Services LLC 10009 Calabacillas Ct. NW Albuquerque, NM 87114 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.316	Nonpriority creditor's name and mailing address RAKS Building Supply 1530 12th Street Northwest Albuquerque, 87 87104 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.317	Nonpriority creditor's name and mailing address RE Michel 2325 Menaul Boulevard NE Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.318	Nonpriority creditor's name and mailing address REIA-NM PO Box 27179 Albuquerque, NM 87125 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.319	Nonpriority creditor's name and mailing address Reliance Steel Corp. 1801 8th St. NW Albuquerque, NM 87102 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>1433</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.320	Nonpriority creditor's name and mailing address REMCO Bolt 1101 3rd Street, NW Albuquerque, NM 87102 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>SACRED</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.321	Nonpriority creditor's name and mailing address Rent-All Rentals 909 E Main St Cortez, CO 81321 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.322	Nonpriority creditor's name and mailing address Rio Arriba County 1122 Industrial Park Rd. Espanola, NM 87532 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.323	Nonpriority creditor's name and mailing address Rio Grande Drywall Supply Co. 7705 Tiburon NE Albuquerque, NM 87109 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.324	Nonpriority creditor's name and mailing address Rivera Engineering 307 Ashkirk Place, SE Rio Rancho, NM 87124-3623 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>2004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.325	Nonpriority creditor's name and mailing address RLI Surety 5931 Office Blvd NE Ste 1 Albuquerque, NM 87109 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.326	Nonpriority creditor's name and mailing address Robert Medina & Sons 915 Kit Carson Taos, NM 87571 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.327	Nonpriority creditor's name and mailing address Rocky Mountain RV World, Inc. 12700 Central Ave. SE Albuquerque, NM 87123 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.328	Nonpriority creditor's name and mailing address Roll Off Container Services 4609 Kinney Street, SE Albuquerque, NM 87105 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.329	Nonpriority creditor's name and mailing address Ron Rodriguez 4616 Axtell St SE Albuquerque, NM 87105 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.330	Nonpriority creditor's name and mailing address Rosebud Building Products 126 N Adams St Mission, SD 57555 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>2908</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.331	Nonpriority creditor's name and mailing address Rosebud Concrete, Inc. 721 N Main St Winner, SD 57580-2202 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.332	Nonpriority creditor's name and mailing address Rosebud Rental 126 N Adams St Mission, SD 57555 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,621.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	--

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.333	Nonpriority creditor's name and mailing address Rosebud Sioux Tribe P.O. Box 367 Rosebud, SD 57570 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.334	Nonpriority creditor's name and mailing address Rubber Products Distibutors 5230 Park Emerson Drive, Suite P Indianapolis, IN 46203 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.335	Nonpriority creditor's name and mailing address RWC Building Products 612 A Comanche NE Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.336	Nonpriority creditor's name and mailing address Saffer Trading P.O. Box 1140 Talent, OR 97540 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.337	Nonpriority creditor's name and mailing address SAIA Motor Freight Line, LLC P.O. Box 730532 Dallas, TX 75373-0532 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.338	Nonpriority creditor's name and mailing address San Diego Gas & Electric PO Box 129831 San Diego, CA 92112-9831 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.339	Nonpriority creditor's name and mailing address Sandia Storage & Strut 2240 Phoenix Ave, NE, Unit F Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.340	Nonpriority creditor's name and mailing address Sandoval County 1500 Idalia Road, Bldg. D Bernalillo, NM 87004 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.341	Nonpriority creditor's name and mailing address Santa Fe County 102 Grant Avenue Santa Fe, NM 87501-2061 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.342	Nonpriority creditor's name and mailing address Santa Rosa Lumber Inc. 101 S. 3rd St. Santa Rosa, NM 88435 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.343	Nonpriority creditor's name and mailing address Sapa Extrusions North America (Hydro) P. O. Box 2310 Carol Stream, IL 60132-2310 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.344	Nonpriority creditor's name and mailing address Schafer And Company 1155 South Inca St. Denver, CO 80223 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.345	Nonpriority creditor's name and mailing address Schletter 1001 Commerce Center Drive Shelby, NC 28150 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.346	Nonpriority creditor's name and mailing address SD Department of Revenue Attn: Douglas Schinkel 445 East Capital Pierre, SD 57501-3185 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>02ET</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.347	Nonpriority creditor's name and mailing address Signarama 1371 6th Ave. San Diego, CA 92101 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.348	Nonpriority creditor's name and mailing address Solar Converters, Inc 558 Massey Road, Unit 1 Guelf, ON N1K 1B4 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.349	Nonpriority creditor's name and mailing address Solar Solutions and Distribution 8450 East Crescent Parkway Suite 350 Greenwood Village, CO 80111 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.350	Nonpriority creditor's name and mailing address Solar World Americas LLC P.O. Box 671094 Dallas, TX 75267-1094 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.351	Nonpriority creditor's name and mailing address Soligent 1500 Valley House Drive Suite 210 Rohnert Park, CA 94928 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>4759</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$805.72
-------	---	---	-----------------

3.352	Nonpriority creditor's name and mailing address Soligent-Valle Caldera Project 1500 Valley House Drive Suite 210 Rohnert Park, CA 94928 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>0100</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.353	Nonpriority creditor's name and mailing address Southern Pipe & Supply Co. 2907 N Davis Hwy Pensacola, FL 32503 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.354	Nonpriority creditor's name and mailing address Southwest Geophysics, Inc. 8057 Raytheon Road, Suite 9 San Diego, CA 92111 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.355	Nonpriority creditor's name and mailing address Southwest Piping Supplies, Inc. 7928 Edith Blvd NE PO Box 92347 Albuquerque, NM 87199-2347 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.356	Nonpriority creditor's name and mailing address Specialty Funding Group-ACH P. O. Box 90640 Albuquerque, NM 87199 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.357	Nonpriority creditor's name and mailing address Specialty Solar Supply, LLC PO Box 50600 Los Angeles, CA 90050 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>2817</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.358	Nonpriority creditor's name and mailing address Stands and Looks Back, Tamara P.O. Box 1570 Mission, SD 57555 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.359	Nonpriority creditor's name and mailing address Staples Online PO Box 83689 Chicago, IL 60696-3689 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>0676</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.18
3.360	Nonpriority creditor's name and mailing address Steel City Inc. 749 East 15th St. Panama City, FL 32405 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.361	Nonpriority creditor's name and mailing address Stion Corporation 6321 San Ignacio Avenue San Jose, CA 95119 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.362	Nonpriority creditor's name and mailing address Stock Building Supply 1301 5815 Edith Blvd. NE Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.363	Nonpriority creditor's name and mailing address Summit Electric Supply PO Box 848345 Dallas, TX 75284-8345 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.364	Nonpriority creditor's name and mailing address Sun Source Energy Products Inc. P. O. Box 31 Netcong, NJ 07857 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>1345</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.365	Nonpriority creditor's name and mailing address Sunbelt Rentals 3860 Sherman Street San Diego, CA 92110 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.366	Nonpriority creditor's name and mailing address SunDancer 420 E Aviation Dr. #110 Tucson, AZ Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>4400</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.367	Nonpriority creditor's name and mailing address Sunmodo Corporation 915 Jefferson St. Vancouver, WA 98660 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.368	Nonpriority creditor's name and mailing address Sunstate Equipment Co. P. O. Box 52581 Phoenix, AZ 85072-2581 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	--

3.369	Nonpriority creditor's name and mailing address Superior Vision P.O. Box 62457 Baltimore, MD 21264-2457 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>5062</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.370	Nonpriority creditor's name and mailing address Supply One 8330 Jeferson NE Albuquerque, NM 87113 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>7909</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	--

3.371	Nonpriority creditor's name and mailing address TAPCO 5100 W. Brown Deer Road Brown Deer, WI 53223 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.372	Nonpriority creditor's name and mailing address TEAM Broadcasting Inc. (KQTM) 4131 Barbara Loop SE, Suite 202 Rio Rancho, NM 87124 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.373	Nonpriority creditor's name and mailing address The Breaker Store 3231C Business Park Dr. #210 Vista, CA 92081 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>1070</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.374	Nonpriority creditor's name and mailing address The Inverter Store, Inc. 9736 S. Virginia St. STE A Reno, NV 89511 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.375	Nonpriority creditor's name and mailing address The Little Battery Shop Inc. 3031 Isleta Blvd SW Albuquerque, NM 87105 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.376	Nonpriority creditor's name and mailing address The Powerstore Inc. 12621 East FM 917 Suite A Alvarado, TX 76009 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.377	Nonpriority creditor's name and mailing address The Recognition Place 3320 San Mateo Blvd. NE Suite A Albuquerque, NM 87110 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.378	Nonpriority creditor's name and mailing address Threaded Fasteners, Inc. PO Box 3568 Jackson, MS 39205-3568 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.379	Nonpriority creditor's name and mailing address Three Blind Mice Enterprises LLC PO Box 1140 Peralta, NM 87042 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.380	Nonpriority creditor's name and mailing address Titan Wire & Cable 1105 Marietta Way Sparks, NV 89431 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.381	Nonpriority creditor's name and mailing address TLC Plumbing & Utility 5000 Edith NE Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.382	Nonpriority creditor's name and mailing address Toby's Doors 19707 Highway 314 Belen, NM 87002 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.383	Nonpriority creditor's name and mailing address TP Pump & Pipe Co P. O. Box 25144 Albuquerque, NM 87125 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	---	--	---------------

3.384	Nonpriority creditor's name and mailing address Transportation Rental & Sales, Inc. 3531 Second St. SW Albuquerque, NM 87105 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.385	Nonpriority creditor's name and mailing address TRC Electronics, Inc. 101B Domorah Dr. Montgomeryville, PA 18936 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.386	Nonpriority creditor's name and mailing address Trench Shoring Company 206 N. Central Ave. Compton, CA 90220 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$764.50
-------	--	---	-----------------

3.387	Nonpriority creditor's name and mailing address Tribal Historic Preservation Office PO Box 809 Rosebud, SD 57570 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
-------	--	--	---------------

3.388	Nonpriority creditor's name and mailing address Tyco Integrated Security, LLC (ADT) P.O. Box 371967 Pittsburgh, PA 15250-7967 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.46
-------	--	---	-----------------

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.389	Nonpriority creditor's name and mailing address UMA Solar 950 Sunshine Lane Altamonte Springs, FL 32714 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.390	Nonpriority creditor's name and mailing address United Rentals PO BOX 84 0514 DALLAS, TX 75284-0514 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>6418</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,505.62
3.391	Nonpriority creditor's name and mailing address United Site Services, Inc. 53267 Phoenix, AZ 85072-3267 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>2871</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,446.63
3.392	Nonpriority creditor's name and mailing address UPS Lockbox 577 Carol Stream, IL 60132-0577 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.393	Nonpriority creditor's name and mailing address UPS Freight P. O. Box 730900 Dallas, TX 75373-0900 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>CPOW</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.394	Nonpriority creditor's name and mailing address UPS Supply Chain Solutions, Inc. 28013 Network Place Chicago, IL 60673-1280 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>A851</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.395	Nonpriority creditor's name and mailing address Urban Green Energy 330 West 38th Street, Suite 1103 New York, NY 10018 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.396	Nonpriority creditor's name and mailing address US Cargo Control 202 Blue Creek Drive Urbana, IA 52345 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.397	Nonpriority creditor's name and mailing address Valencia County Offices 444 Luna Avenue P.O. Box 1119 Los Lunas, NM 87031 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.398	Nonpriority creditor's name and mailing address Valutech Inc. 3- 70 Esna Park Drive Markham, On L3R 6E7 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.399	Nonpriority creditor's name and mailing address Verizon Wireless - M2M P.O. Box 660108 Dallas, TX 75266-0108 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$261.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.400	Nonpriority creditor's name and mailing address Verizon Wireless - XX7470-0001 P.O. Box 660108 Dallas, TX 75266-0108 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$211.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.401	Nonpriority creditor's name and mailing address Vision Service Plan P.O. Box 742529 Los Angeles, CA 90074-2529 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.402	Nonpriority creditor's name and mailing address Walker Electronic Supply Co. 2404 Candelaria Road NE Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.403	Nonpriority creditor's name and mailing address Ward Plumbing & Heating 161 N. Hall Valentine, NE 69201 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.404	Nonpriority creditor's name and mailing address Waycor Materials Inc. 2820 Industrial Road Santa Fe, NM 87507 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.405	Nonpriority creditor's name and mailing address WEBO SOLAR 3300 Powell Street, Ste #201 Emeryville, CA 94608 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.406	Nonpriority creditor's name and mailing address WEDCO, Inc. (Fallon, NV) 45 Deer Creek Circle Fallon, NV 89406 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.407	Nonpriority creditor's name and mailing address Weldco 2201 N. East Avenue Panama City, FL 32405 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.408	Nonpriority creditor's name and mailing address Weller Architects, PC 401 Alvarado Drive SE Suite D Albuquerque, NM 87108 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$545.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	--

3.409	Nonpriority creditor's name and mailing address Wesco Distribution (CSC) 5950 Office Blvd NE Albuquerque, NM 87109 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

Debtor	Sacred Power, LLC a New Mexico Limited Liability Company Name _____	Case number (if known) _____
--------	---	------------------------------

3.410	Nonpriority creditor's name and mailing address Western Utility Telecom, Inc. (Wireless) 5032 Salem Dallas Hwy NW Salem, OR 97304-3211 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.411	Nonpriority creditor's name and mailing address White Cap P.O. Box 6040 Cypress, CA 90630-0040 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>8000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.412	Nonpriority creditor's name and mailing address Wholesale Solar.Com 412 N. Mount Shasta Blvd. PO Box 124 Mt. Shasta, CA 96067 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.413	Nonpriority creditor's name and mailing address Williams, Tinikia L 1 Glen Rio Rd NW #723 Albuquerque, NM 87121 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.414	Nonpriority creditor's name and mailing address Wyless Inc. Dept CH 17817 Palatine, IL 60055-7817 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.415	Nonpriority creditor's name and mailing address XZERES Corp. 9025 SW Hillman Ct. Suite 3126 Wilsonville, OR 97070 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	---	---

3.416	Nonpriority creditor's name and mailing address ZIA Concrete Supply 3825 Commercial St. NE Albuquerque, NM 87107 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/Service Provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**
Name

Case number (if known)

3.417 Nonpriority creditor's name and mailing address

Zomeworks Corporation
1011 Sawmill Road
Albuquerque, NM 87104

Date(s) debt was incurred 2016

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor/Service Provider

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.418 Nonpriority creditor's name and mailing address

Zoro
909 Ashbury Drive
Buffalo Grove, IL 60089

Date(s) debt was incurred 2016

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor/Service Provider

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ **565,712.19**

5b. + \$ **1,244,623.35**

5c. \$ **1,810,335.54**

Fill in this information to identify the case:

Debtor name **Sacred Power, LLC a New Mexico Limited Liability Company**

United States Bankruptcy Court for the: **DISTRICT OF NEW MEXICO**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Equipment Lease**

State the term remaining

List the contract number of any government contract _____

**De Lage Landen
P.O. Box 41602
Philadelphia, PA 19101-1602**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Commercial Property Lease, Business location and parking lot across the street.**

State the term remaining

List the contract number of any government contract _____

**MAC Properties, LLC
1501 12th Street NW
Albuquerque, NM 87104**

Fill in this information to identify the case:Debtor name **Sacred Power, LLC a New Mexico Limited Liability Company**United States Bankruptcy Court for the: **DISTRICT OF NEW MEXICO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor name **Sacred Power, LLC a New Mexico Limited Liability Company**United States Bankruptcy Court for the: **DISTRICT OF NEW MEXICO**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/16**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☒ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****Sources of revenue**
Check all that apply**Gross revenue**
(before deductions and exclusions)**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
*Check all that apply***4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.**Insider's name and address**
Relationship to debtor**Dates****Total amount of value****Reasons for payment or transfer**

4.1. **MAC Properties, LLC**
1501 12th Street NW
Albuquerque, NM 87104
Landlord

Due Monthly.
Unpaid.

\$0.00**Rent.**

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.2. LUZ Energy Corp PO Box 9194 Albuquerque, NM 87119 Overlapped Ownership by Insider	06-07-2017 - \$8,000.00 07-06-2017 - \$12,000.00	\$20,000.00	Small parts and labor, remove and replace/re-roofing.

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Dates of loss	Value of property lost

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	NM Financial Law, P.C. 320 Gold Avenue SW, Suite 610 Albuquerque, NM 87102-3299	Attorney Fees	10/02/2017	\$20,000.00
	Email or website address nmfl@nmfinanciallaw.com			
	Who made the payment, if not debtor?			
11.2.	Craig Dill & Associates PO Box 7855 Albuquerque, NM 87194	Financial Consultant	09/29/2017	\$5,000.00
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	--	------------------------	-----------------------

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Describe the property	Value
Isleta Business Corporation 3950 ST RD 47 SW Albuquerque, NM 87105	1501 12th Street NW Albuquerque, NM 87104	Furniture	Unknown
Isleta Business Corporation 3950 ST RD 47 SW Albuquerque, NM 87105	Sacred Power Warehouse 1501 12th Street NW Albuquerque, NM 87104	Hyster Forklift Model SS1.00-2.75, 1067 - 1356918, Serial# B601B064.541067	Unknown

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address**Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

Dates business existed**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address**Date of service
From-To**

26a.1. **Don Dentler**
3837 Montgomery Blvd NE #1624
Albuquerque, NM 87109

26a.2. **Audra D'Arcangeli**
1315 Brindle Wood Rd NE
Albuquerque, NM 87113

26a.3. **Juanita Johnson**
4801 Lang Ave, NE Suite 110
Albuquerque, NM 87122

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address**If any books of account and records are
unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the
inventory****Date of inventory****The dollar amount and basis (cost, market,
or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
David Melton	4304 Willow View Lane NW Albuquerque, NM 87120	Former President. Current Shareholder	20
Name	Address	Position and nature of any interest	% of interest, if any
Odes Armijo-Caster	281 Valley High Street SW Albuquerque, NM 87105	Former Officer. Current Shareholder.	20
Name	Address	Position and nature of any interest	% of interest, if any
Isleta Business Corporation	3950 ST RD 47 SW Albuquerque, NM 87105	Majority Shareholder	60

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Windell Gilliam	PO Box 2558 Tijeras, NM 87059		
Name	Address	Position and nature of any interest	Period during which position or interest was held
Robert B Martin	8519 Tierra Morena PI NE Albuquerque, NM 87122		

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

Debtor **Sacred Power, LLC a New Mexico Limited Liability Company**

Case number (if known)

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 7, 2017**

/s/ Michael Candelaria

Signature of individual signing on behalf of the debtor

Michael Candelaria

Printed name

Position or relationship to debtor

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

**United States Bankruptcy Court
District of New Mexico**

In re **Sacred Power, LLC a New Mexico Limited Liability Company**
Debtor(s)

Case No. _____
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
David Melton 4304 Willow View Lane NW Albuquerque, NM 87120			Shareholder
Isleta Business Corporation 3950 ST RD 47 SW Albuquerque, NM 87105			Shareholder
Odes Armijo-Caster 281 Valley High Street SW Albuquerque, NM 87105			Shareholder

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **December 7, 2017**

Signature **/s/ Michael Candelaria**
Michael Candelaria

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.